U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Confidence
	A POOL
	Ch Ca
	413
Ε	
-	
_	

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3072	2. Fiscal Year Covered From:			
	1 / 1 / 2004 Through: 12/31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name William J Wickline	Name I.A.T.S.E. District Number One			
	Labor Organization File Number 042-309			
P.O. Box, Bldg., Room No., if any ROOM 231	P.O. Box, Building and Room Number, if any Room 231			
Street 2800 1st Avenue	Street 2800 1st Avenue			
City Seattle	City Seattle,			
State Washington ZIP Code + 4 98121	State Washington ZIP Code + 4 98121			
5. Position in labor organization. Secretary-Treasure	r			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
monetary value from an employer whose employees your organization	on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.			
6. Name and address of Employer (including trade name, if any). Name Name				
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
	7.b. Amount.			
Street				
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct; and complete. (See the see	ying documents), has been examined by the signatory and is, to the best of the			
Signed M. M. Mieldle	On 7-7-05 /- 206-44/-/575 Date Telephone Number			
Form LM-30 (2003)	Page 1 of 4			

Name of Person Filing	File Number U- 30/C				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.				
	12.b. Amount.				
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above)				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
State ZIP Code + 4					
	14 h Amount of naumont				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				

Name of Person Filing		File Number U- 307Z

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade r	name, if any).	9. Business deals with:	
Name Trade Name, if any:		a. Labor Organization	
Trace Name, II any.		b. Trust	
P.O. Box, Bldg., Room No., if any			
Street		c. Employer	
City			
State ZIP Code	+4		
10. If 9.b. or 9.c. is checked give trust or employer's nar	ne.	11.a. Nature of such dealing.	
Name			:
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code	+ 4	11.b. Approximate dollar value of such dealing.	
		12.a. Nature of interest held or income received.	
		12.b. Amount.	

Name of Person Filing	File Nu	umber U- 3072		
Part C Continuation Page				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relatio	ns consultant to an employer any		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relatio	ns consultant to an employer any		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			